

Attorney Docket No

SHE-6144

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) Shlomo Gabbay

Confirmation No.: 8158

Application No.: 09/973,609

Examiner: Brian E. Pellegrino

Filing Date: October 9, 2001

Group Art Unit: 3738

Title: IMPLANTATION SYSTEM FOR
IMPLANTATION OF A HEART VALVE PROSTHESISRECEIVED
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NOV 01 2006

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Transmitted herewith is/are the following in the above-identified application.

- ☒ Response/Amendment ☐ Petition to extend time to respond
☐ New fee as calculated herein ☒ No additional fee
☐ Other: _____

STATUS

Applicant is

(XX) A small entity.

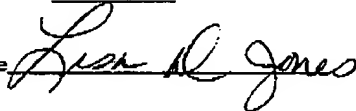
() Other than a small entity.

CERTIFICATION UNDER 37 CFR §§ 1.8(a) and 1.10*
(Express Mail certification is optional.)

FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the Patent and Trademark Office at 571-273-8300Date of Deposit: November 1, 2006Typed Name: Lisa D. Jones

Signature



*Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

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CLAIMS AS AMENDED								
	(1) CLAIMS REMAINING AFTER AMENDMENT	(2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) PRESENT EXTRA	(4) SMALL ENTITY		(5) LARGE ENTITY		ADDITIONAL FEES
				RATE	FEE	RATE	FEE	
TOTAL CLAIMS	20 MINUS	20	0	X \$ 25.00	0.00	X \$ 50.00		
INDEP. CLAIMS	02 MINUS	03	0	X \$100.00	0.00	X \$200.00		
First Presentation of a Multiple Dependent Claim				\$180.00		\$360.00		
SUBTOTAL OF ADDITIONAL FEES					0.00			0.00
<p>If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3. If the "Highest No. Previously Paid For" in this space is less than 20, enter "20". If the "Highest No. Previously Paid For" in this space is less than 3, enter "3". The "Highest No. Previously Paid For" (Total / Independent) is the highest number found in Col. 1 of a prior amendment / the number of claims originally filed. WARNING "After final rejection or action (§1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.115(a)(emphasis added).</p>								
<p>Applicant petitions for an extension of time under 37 C.F.R. §1.136 (FEES: 37 C.F.R. §1.17 (1) - (4) for the total number of months checked below:</p>								
EXTENSION	1ST MONTH	2ND MONTH	3RD MONTH	4TH MONTH				
Large Entity	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$1,020.00	<input type="checkbox"/> \$1,590.00				
Small Entity	<input type="checkbox"/> 60.00	<input type="checkbox"/> 225.00	<input type="checkbox"/> 510.00	<input type="checkbox"/> 795.00	\$			
<p><input type="checkbox"/> An extension for _____ month(s) has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total month(s) of extension now requested.</p> <p><input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.</p>								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								\$

FEE PAYMENT

- ☐ Attached is a ☐ check ☐ money order in the amount of \$_____
- ☒ Authorization is hereby made to charge the amount of \$0.00
- ☒ to Deposit Account No. 20-0090
- ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should not be included on this form as it may become public.

- ☒ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

- ☒ If any additional extension and/or fee is required, charge Deposit Account No. 20-0090.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 20-0090

Date: 11/1/2006

Customer No.: 26,294

Reg. No.: 39,334

Signature Of Attorney

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